



Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4830

APPLICATION FOR OTHER CONTROLLED SUBSTANCE REGISTRATION

1. Name _____
2. Home Address _____
3. Home Telephone _____ Business Telephone _____
4. Name of Business _____
5. Business Address _____
6. Date of Birth _____ Place of Birth _____
7. Type of Registration/Fee: (Check one)
 - ☐ Humane Society (Sodium Pentobarbital) /\$35.00
 - ☐ Animal Control (Sodium Pentobarbital) /\$35.00
 - ☐ Precursor Chemical/\$35.00
 - ☐ Other/\$35.00 (Specify) _____
8. List Name, Address and Title of Corporate Officers, Partners or Owner(s)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
9. Have you ever been found guilty of a drug or controlled substance violation? _____ If yes, explain in detail on the back of this form, provide circumstances, places, dates and outcomes.
10. Preferred date for the inspection _____
11. In submitting this application, it is agreed by me that if any part is found false or fraudulent, I forfeit the right to a registration.

I, _____ being first duly sworn upon oath, depose
and say: that the answers to the foregoing questions and statements made in the above application are true and correct.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, _____

Notary Signature _____

S E A L

For the state of _____

Residing at _____

My Commission Expires _____